

Team Care Information and FAQs

General Information

- Designed to promote strict adherence to the proper utilization of Medicaid services
- Manages the care of clients who have a pattern of inappropriately using services
- Clients are required to enroll in Passport, select a PCP, select a single pharmacy, and call the nurse line prior to accessing health care (except in emergent care cases)
- A component of PASSPORT so all PASSPORT rules apply
- Must get referral from Team Care provider to seek services from another provider if those services require PASSPORT authorization
- Expect to initially enroll approx 300 clients, expand with demonstrated success
- Clients are identified through data mining, DUR referrals and provider referrals, then provider validated prior to program enrollment
- Mandatory program with an expected 12-month enrollment and then “graduation”

How Team Care Works for the Provider

- Client chooses PCP or is assigned to PCP
- PCP is responsible for managing the clients care as with all PASSPORT clients
- PCP will get a fax from the Nurse First program every time their Team Care client calls the nurse line. This fax will tell the reason for the call and whether or not the nurse recommended the client seek healthcare services
- PCP receives \$6 per member per month case management fee (double the normal fee for PASSPORT)
- PCP is encouraged to require their Team Care clients call the Nurse First Advice Line prior to seeking services from PCP
- Pharmacy can contact the Managed Care Bureau to suspend the “lock-in” if a specific need cannot be met by the pharmacy
- Provider must follow PASSPORT rules for claims to be reimbursed
- PCP can disenroll the client from his/her PASSPORT caseload
- PCP can choose not to participate in the Team Care Program. However, provider is encouraged to work with the Department to effect client behavioral changes
- Eligibility verification systems will indicate a client is on Team Care

How Team Care Works for the Client

- Client must follow all PASSPORT rules
- Client must obtain all pharmaceutical supplies from one pharmacist, either chosen by the client or assigned by the Department
- Client is instructed to call the Nurse First Advice Line prior to accessing all care (except in an emergent situation)
- Client should call the Nurse First Advice Line prior to seeking care from his/her primary care provider
- Client is instructed to follow the care recommendation of the Nurse First Advice Line
- Client cannot change PCPs unless a request is made to the Department. The Department will only approve the request if the client has good cause
- Client remains on Team Care for at least 12 months (unless the PCP requests the client be disenrolled). Review after 12 months can result in continued enrollment in the program or graduation from the program

Team Care Program Frequently Asked Questions

Q. What is Team Care?

A. Team Care is a new demand management program that is part of PASSPORT To Health. Demand management programs are designed to assist clients to make better health care decisions so that they can avoid overutilizing health services. Team Care clients are joined by a team assembled to assist them in accessing health care. The Team consists of the client, the PCP, a pharmacy, the Department and the Nurse First Advice Line.

Q. Who is in Team Care?

A. Clients who have been identified as over users of Medicaid services. These clients may be over utilizing health care services because they do not know how to access health care appropriately.

Q. How are clients identified for the program?

A. Clients are identified through claims data analysis, the Drug Utilization Review (DUR) Board, and provider referrals. Claims-identified clients are validated for enrollment by their PCP.

Q. How do the clients get a PCP and pharmacy?

A. Clients are given the opportunity to select their own PCP and pharmacy. If they do not choose one, then one will be selected for them.

Q. What does the PCP do?

A. The PCP manages the client's health care. This includes referring the client to other providers when necessary. The PCP will receive a fax from the Nurse First Advice Line when the client calls that line. The fax will inform the PCP that his client has called the line, the reason for the call and the nurses care recommendation. PCPs are encouraged to require their clients call the line prior to seeking care. PCPs are discouraged to schedule appointments when Nurse First care recommendations advise against it, if the provider, using his/her clinical judgment feels confident in doing so.

Q. What does the pharmacy do?

A. The pharmacy dispenses all the client's pharmaceutical needs. If the pharmacy cannot meet a specific need, the pharmacy or the client must call the Managed Care Bureau to request a temporary suspension to the "lock-in".

Q. What is the Nurse First Advice Line?

A. The Nurse First Advice Line is a 24-hour 7-days-a-week nurse triage line. Clients call in with symptoms and a registered nurse follows clinically-based algorithms to an "end point" care recommendation. The care recommendation explains what level of health care is needed – including self-care. If self-care is recommended, clients are given detailed self-care instructions.

Q. When does the client call the Nurse First Advice Line?

A. The client is instructed to call the Nurse First Advice Line prior to seeking any medical services (except in an emergency). This means the client should call his/her PCP BEFORE calling the PCP or going to the PCPs office.

Q. What do the clients do if they need health care when away from home?

A. The client or other provider can call the PCP and request a referral for health care services. If the client has a pharmaceutical need the client or pharmacy must call the Managed Care Bureau to request a temporary suspension to the "lock in".

Q. What are the benefits to the provider?

A. The provider has assistance in managing the care of his/her more demanding clients; reduced client phone traffic and visits due to their mandate to call the the Nurse First Advice Line prior to seeking care, even from the PCP; and an increased monthly capitation rate of \$6 per enrolled TC client (double the regular PASSPORT case management fee).

- Q. What is the benefit to the client?
- A. The client receives assistance in accessing health care services; intensive case management by health care professionals; free, 24-hour access to registered nurses; and education focusing on the appropriate utilization of health care.
- Q. Can clients change their assigned PCPs or pharmacies?
- A. Clients can change their PCP or pharmacy but they must request the change from the Managed Care Bureau. The client is instructed to call the Medicaid Help Line. The Medicaid Help Line will take down the information and pass it on to the Managed Care Bureau. The Managed Care Bureau will review the request and determine if the client has good cause to change provider.
- Q. What do clients do in an emergency?
- A. During emergencies (lack of immediate medical attention would result in loss of life or limb) clients can seek emergency care without calling the Nurse First Advice Line. However, the emergency room should NOT be used for routine care.
- Q. Who can clients call to talk to about why they are in the program?
- A. The Medicaid Help Line 1-800-362-8312.
- Q. Can clients appeal enrollment in the program?
- A. Yes. Normal appeal processes must be followed.
- Q. How can the client get removed from the program?
- A. If the client's PCP believes that the client's utilization patterns are appropriate, they can request (at any time) that the client be disenrolled from Team Care. Clients will be enrolled in Team Care for a minimum of 12 months, upon which a review and determination will be made for continued enrollment.
- Q. Does the provider/pharmacy have to participate in Team Care?
- A. No. The provider/pharmacy can notify Provider Relations at ACS 1-800-624-3958 and notify them they will not participate. However, the providers are encouraged to work with the department to affect behavioral changes in our clients.
- Q. Does the initial enrollment for a Team Care Provider and pharmacy have to be approved through the state?
- A. No. Maximus will assign providers based on information received from McKesson, and/or by procedures similar to PASSPORT provider assignments. Clients will then have 10 days to change their assigned

PCP or pharmacy. Once enrollments are effective, clients can only change their PCP or pharmacy by written request that is forwarded, pending State approval. Clients can select any PCP or pharmacy willing to serve them; the State does not “approve” the specific provider or pharmacy selected – they will only be approving/denying the “reason” for changing.

- Q. What happens when a Team Care provider disenrolls a client? Does the provider still have to fax or send the request in writing to MAXIMUS? Does the request need State approval?
- A. The disenrollment process will mimic PASSPORT, and the provider will be asked to continue managing the client’s care for the following 30 days (allows the client time to select a new PCP). If the PCP is unwilling to continue the client management, an emergency exemption may be granted for the rest of the month.
- Q. What happens when clients lose and regain eligibility, even for extended periods of time? Are they automatically back on Team Care or do they just reinstate to PASSPORT?
- A. Clients are enrolled in Team Care for a minimum of 12 eligibility months. For example, if a client is on Team Care for 4 months then loses Medicaid eligibility for 2 months, s/he will be back on Team Care for an additional 8 months. Team Care clients who lose Medicaid eligibility for less than 90 days will be reenrolled with their same PCP (following the current process for all PASSPORT clients). For reinstatement after 90 days, clients will be able to select their own PCP or pharmacy, however they will only have 10 days to make that selection; this timeline should follow the same truncated timeline we use for initial Team Care enrollment.
- Q. Upon implementation, will Maximus receive monthly enrollment/disenrollment lists?
- A. The MAXIMUS Access database will import a monthly file of “confirmed enrollments” from ACS and produce a monthly enrollee/disenrollee list. The lists will be generated and mailed with the provider’s PASSPORT enrollee and disenrollee lists.